



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Medicaid Enrolled Behavioral Health Providers and Managed Care Organizations

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 8/30/2016

**SUBJECT:** Virginia Independent Clinical Assessment Program (VICAP)

The purpose of this memorandum is to announce termination of the Virginia Independent Clinical Assessment Program (VICAP) effective November 30, 2016.

The VICAP was created in 2011 as a temporary measure to better manage access to select Medicaid-funded community mental health (CMH) services (i.e., intensive in-home, therapeutic day treatment, and mental health skill building) for children and adults up to age 21. The VICAP was implemented as an interim measure until the Department of Medical Assistance Services (DMAS) could finalize a contract with a behavioral health services administrator (BHSA). The community services boards (CSBs) have served as invaluable partners with the Commonwealth conducting VICAP assessments since implementation of the program.

Based on a comprehensive review of Magellan's current administrative functions and the Department's evaluation of data relative to VICAP assessments, DMAS has determined that the VICAP is no longer needed to ensure appropriate access to services. Given Magellan's functions including medical necessity review, level of care assessment, and authorization of services, the role previously fulfilled by CSBs can now be fulfilled by Magellan within its existing process. Therefore, starting December 1, 2016, VICAP assessments will not be required to access Medicaid community mental health services and DMAS will not reimburse for VICAPs conducted on or after December 1, 2016. In lieu of a VICAP assessment, CMH providers will document medical necessity for each individual in accordance with specific service definitions as defined in the Magellan agreement and DMAS provider policy manuals.

DMAS is aware that some CSBs may choose to stop conducting the VICAP prior to the December 1, 2016 date. It is recommended that CSBs notify Magellan as far in advance as possible if they choose to stop conducting VICAPs prior to the November 30, 2016 program termination date. If there are Medicaid members who cannot get a VICAP conducted because a CSB no longer performs this task, the member should be directly referred to Magellan for service authorizations.

Magellan will be able to address any questions about how this transition will occur on the Provider Calls that occur at noon every Friday. Please see the Magellan website for more details.

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### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx) to learn more.

### **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

### **MANAGED CARE PROGRAMS**

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC): [http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf)

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

**KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

**"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.